

This form shall be used to either Opt Out of, or Opt Back In, the Care Everywhere information exchange with Mary Lanning Healthcare. Patients are defaulted into the Information Exchange unless this form is completed.

Note: You must "opt out" of each organization where you have received care to prevent them sharing your information with other healthcare organizations.

Your Information:

Patient Name: _____ Date of Birth: _____
(Last, First, Middle initial)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

I wish to opt **OUT OF** the Care Everywhere information exchange with Mary Lanning Healthcare.

I wish to opt back **IN** the Care Everywhere information exchange with Mary Lanning Healthcare.

CareEverywhere Status Attestation:

- I acknowledge that this form is used for the CareEverywhere information exchange for Mary Lanning Healthcare. This **does not** include NeHII or requests for paper records.
- I understand that by signing this form, I am opting out of or opting back in the CareEverywhere information exchange for Mary Lanning Healthcare.
- I agree to any terms and conditions set in place with regard to me signing this form.
- I acknowledge that I may revoke this consent at any time by submitting my request in writing.

Signature of Patient / Authorized Person

Date: _____ Time: _____

Return form to: **Mary Lanning Healthcare**
Health Information Management
715 N. St. Joseph Ave.
Hastings, NE 68901
Fax: 402-461-5311
If questions, please call: 402-460-2537



Mary Lanning
HEALTHCARE



Care Everywhere
Opt Out / Opt In Form

Admissions Consent

Created: 12/18
Revised: